

# A CASE OF HYSTERIA?

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## Introduction

In 1896 Freud proposed the theory that hysterical obsessive neurosis was caused by an actual sexual encounter between father and child.<sup>1</sup> The first hint of a movement away from the seduction theory came on 8 February, 1897 in a letter to Fliess. His change of heart becomes explicit in the well-known letter to Fliess of 21 September, 1897 in which Freud presents his reasons for revising his hypothesis, although it was not until 1906 that Freud publicly renounced his seduction theory.<sup>2</sup>

A general dissatisfaction with Freud's stated change of heart and his reasons for repudiation of the seduction theory have led to a number of alternative explanations. We will briefly mention two and include some additional comments relevant to the paper we are presenting:

One prominent thesis claims that Freud abandoned the seduction theory as a result of his self-analysis, which gave him an insight into his own fantasies of incest and eventually led him to formulate the Oedipus complex.<sup>3</sup> Lacan's remarks from *Seminar XI* are of interest to us, both within this context of Freud's self-analysis and the broader context of the theme of this conference. He says:

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<sup>1</sup> S. Freud. (1896). *Further Remarks on the Psychoneuroses of Defence*, S.E. III, p. 169.

<sup>2</sup> M.F. Frampton. *Considerations on the role of Brentano's concept of intentionality in Freud's repudiation of the seduction theory*. in *The International Review of Psychoanalysis*, Oxford, Basil Blackwell, 1991, 18, 37 p. 57-83.

<sup>3</sup> *ibid*

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"So hysteria places us, I would say, on the track of some kind of original sin in analysis. There has to be one. The truth is perhaps simply one thing, namely the desire of Freud himself, the fact that something in Freud was never analysed".<sup>4</sup>

A couple of weeks after the letter in which Freud presented his reasons for abandoning the seduction theory, he writes the following to Fliess:

"My self-analysis remains interrupted. I have realised why I can analyse myself only with the help of knowledge obtained objectively (like an outsider). True self-analysis is not possible; otherwise there would be no neurotic illness. Since I am still contending with some kind of enigma in my patients, this is bound to hold me up in my self-analysis as well".<sup>5</sup> Maybe here we can locate a certain beginning of psychoanalysis: not psychoanalytic discourse as a specific social bond (this would have to wait nearly two more decades), but the hystericization of Freud's discourse. Freud moved from his initial position of mastery, as exemplified in the *Studies on Hysteria*, to a more hysterical position after he abandoned his self-analysis.

In the aforementioned *Seminar XI*, Lacan expresses interest in the following question: by what privilege of his desire was Freud able to find a way into the field of the unconscious? "*It is with this original sin, this unanalysed aspect within Freud that we perhaps gain access to the origin of his desire*".<sup>6</sup> Lacan's answer to this question is not a psychological one; it is not about what really happened, nor an answer concerning the facts of Freud's history. Lacan's answer lies within the question of the Name-of-the-Father and not the father of reality. From knowing about what caused hysteria (his position of mastery), Freud has now developed a true desire-

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<sup>4</sup> J. Lacan. *The Four Fundamental Concepts of Psychoanalysis*, Seminar XI (1964) trans. A. Sheridan, Middlesex, Penguin Books, 1977.

<sup>5</sup> S. Freud. *Complete letters of Sigmund Freud to Wilhelm Fliess 1897*. trans. and ed. J.F. Masson, Cambridge, Harvard University Press, 1985.

<sup>6</sup> J. Lacan. op. cit . p. 12.

to-know from hysteria. He begins to question the Other and allows himself to be surprised at every turn.

After the summer of 1897, Freud came to realise that, despite the certainty of the patients who reported "memories" of seduction, many of these were not reliable memories, but "distorted representations" of infantile sexual wishes.<sup>7</sup> It had begun to dawn on him that, in the case of his seduction theory, he had failed to distinguish between psychic reality and material or factual reality, a distinction he would make explicitly in *The Interpretation of Dreams*.<sup>8</sup> Then, from a reading of Freud's essay *Negation*<sup>9</sup>, we know that in the next step in his thinking the human subject does not have a natural relationship with the real world anymore. This world does exist for the subject, but only in so far as it is mediated by language. This represents an essential change in his position.

An alternative explanation for Freud's abandonment of the seduction theory is provided by Jeffrey Masson in *The Assault on Truth* from 1984.<sup>10</sup> So today we can celebrate a double anniversary: "*Studies on Hysteria*" one hundred years ago and "*The Assault on Truth*" ten years ago. Masson proposed that Freud's repudiation of the seduction theory was the result of a "loss of courage" in the face of opposition from the psychiatric establishment, who at that time were not prepared to entertain the idea of incest and sexual abuse.

A better title for Masson's book would have been *The Defence against Truth*. Masson wants to present the facts of incest and sexual abuse but, in his eagerness to get straight to the empirical facts, he forgets that these exist only within language or discourse for the subject. In other words, it is not the reality of what happened that is relevant, but how the

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<sup>7</sup> R.E. Fancher. *Brentano's psychology from an empirical standpoint and Freud's early metapsychology*. *Journal of the History of Behavioural Sciences*, 13, 1977, p. 214.

<sup>8</sup> S. Freud. *The Interpretation of Dreams* 1900, p. 782.

<sup>9</sup> S. Freud. *Negation* S.E. XIX, 1925

<sup>10</sup> J.M. Masson. *The Assault on Truth: Freud's Suppression of the Seduction Theory*. London, Faber and Faber Ltd., 1984.

representation of its functions for the subject. This is the aforementioned psychic reality of the subject. Masson's insistence on the unquestionable nature of the objective facts of abuse and incest put him in a peculiar position vis-à-vis psychoanalysis and psychotherapy. His belief in the existence of objective empirical facts outside the realm of the subject and unrelated to discourse has left him with a problem: how to establish within this way of thinking an effect in the subject in psychoanalysis and psychotherapy. Both practices are utterly dependent on the effect of the signifier. (Predictably Masson's next book-title would be *Against therapy*).

In his book, Masson correctly asserts how deeply charged with emotion this topic of sexual abuse is for all analysis.<sup>11</sup> Incest, as one form of sexual abuse, evokes horror. We are all in agreement on this. Yet our consensus in indignation only seems to hide an unbearable truth - namely, that these incestuous feelings are very much present in all of us. They are usually not actualised due to the effect of the prohibition of incest as a No-of-the-Father in the Name-of-the-Father.

Although this universal law grounds our culture (see *Totem and Taboo*), it can be transgressed. Incest is a reality. This fact, and our reaction of horror to it, can lead us into a trap. This is the trap of reopening the distinction between psychic reality and factual reality. The result is that we will fall into the gap created by that distinction, ending up in a whirlpool of imaginary positions, accusations and counter-accusations.

As a corrective to this, psychoanalysis states that our first encounter with the desire of the Other is *always* traumatic and this moment will determine our subjective position. All other traumas will give further direction to our being in the world. It is important to realise that what matters in these traumatic encounters is our answer to them as subject. These answers are given in the form of our imaginations and

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<sup>11</sup> *ibid* p. 110-111.

representations, which are meant to cover this traumatic Real, and as such they will determine the effects of these encounters on our lives.

### Synopsis of the case

Given that it is axiomatic to equate the coming into being of psychoanalysis with Freud's abandonment of the seduction theory and his replacement of this with an emphasis on the role of unconscious phantasy in the aetiology of hysteria - that is, his replacement of any reference to 'real' seduction with a reference to unconscious phantasy - it is surprising to find in a recent issue of the I.J.P.A. a paper which would appear to reverse this founding moment.<sup>12</sup>

The paper is question, by Adams-Silvan and Silvan, entitled *Paradise Lost: a case of hysteria illustrating a specific dynamic of seduction trauma*, was presented at the May 1992 meeting of the American Psychoanalytic Association in Washington, and witnesses a return to an emphasis on 'real' events rather than the role of phantasy. A case is presented in which "the trauma of [the patient's] seduction was the result of the loss of precociously stimulated and experienced pleasure" and her hysteria is the outcome of her "desire to return to the pleasure of the experience".

It is our opinion that this emphasis on 'real' events constitutes a movement away from the original Freudian shift and that the possibility of directing the treatment, given such an about-face, is wholly undermined as a result. It is also our contention that much of the important material which the patient produced was rendered insignificant as a result, since the source of her hysteria was attributed to a 'real' seduction.

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<sup>12</sup> A. Adams-Silvan and M. Silvan. *Paradise Lost: A case of hysteria illustrating a specific dynamic of the seduction trauma* in *International Journal of Psychoanalysis* Vol 75, no. 3, 1994.

Before the next speaker presents a revision of the case in the light of Lacan's discussion of the direction of the treatment in a case of hysteria, and in order to facilitate a discussion of the case, it is necessary that we present some details of the case-history, despite the difficulties that giving a synopsis inevitably presents. What follows is an outline of the patient's family structure, together with an account of the phantasies she began to articulate.

Mrs A was a middle-aged, bilingual, divorcée, from an upper middle-class continental, Roman Catholic family, in which "obedience and compliance were the order of the day - an interdependent group headed by a strong and domineering father".

She was the youngest by ten years of six children, comprising two girls and four boys. Her father was a prosperous European businessman, her Mother an American.

Mrs A had been born late in her mother's life and had been unwanted by mother, who had attempted to induce abortion by riding on horseback. Mrs A had been raised by nursemaids and by a sister who was thirteen years older than her.

Mrs A was supported financially by the male members of her family. These men were all part of the family business, each running branch-stores set up by the father. The income they provided her with was paying for the treatment. Her brother P, then years older than her, was especially called upon to support her. She saw herself as special in the family.

She complained constantly about these men, who never did enough for her. She reported during treatment that, between the ages of 6 and 9 years, her brother P had "regularly come into her bed at night and with a flashlight under the bedclothes, had examined her and kissed her body, turning her on her side, pressing his penis against her buttocks and 'wetting the bed'". She remembers being frightened at first, but then considered it to be "their game".

This game would begin during dinner when he would "smile a smile". Dinner was a formal ritual in this family and they would all regularly gather for it. After dinner, recalled the patient, she would go to the bathroom to defecate and then go and lie down on the bed beside her father. She remembered the scratchiness of his chest. It was while she was lying there pretending to be asleep that she saw P steal from her father's wallet. It was customary for P to buy her sweets with this money on the day following their game. She herself sometimes indulged in shoplifting.

P left home at 19 years and "their game" ended. She missed him. He married and she hated his wife. She herself married this woman's brother and he was set up to manage one of the father's branch-stores, just like the brothers.

At the point that P left home, Mrs A became attached to horse-riding. She developed a rich phantasy life around this, which unfolded in therapy. The following is a brief account of some of these:

(1) She was being observed, her long hair streaming behind her. She was admired and longed for.

(2) She had thought of going to the stables and borrowing one of the private horses that was high-spirited and dangerous. She would gallop and maybe fall and be helpless - an ambulance would be called and a doctor would have to operate on her broken back. She would see the bright lights of the operating-room glowing.

(3) She was a medieval maiden - carried off by an unknown knight to be raped and made mistress of the castle. Her old lover, her true love, would make war on the knight, lay siege to the castle and claim her for his own.

(4) In the process she would be injured and 'bed-ridden', would struggle with mourning for her seducer and loving gratitude for her rescuer.

Around the time of her revelations of "sexual abuse" and reporting her phantasy-life, certain effects appeared in her life. She experienced a re-



emergence of her hysterical symptoms. (She had problems with her eyes. Her fingers wouldn't work properly. She could NOT learn to word-process. There was a re-occurrence of certain rashes and itches which she used to get.) Around this time she began an affair with a married man and began to fight with her son who lived with her and who wanted to move out. She also had fights with a woman at work.

At the same time she became ambivalent towards therapy. The analyst, she complained, was too passive. SHE needed someone to prod her, to force things, to push her. She argued with the analyst over money - could she not possibly lower the fee? She became anxious and convinced that she was getting worse. She left therapy.

With this brief account as a means by which we can orientate ourselves in the case, the next speaker will proceed with an elaboration of the dynamic at work in this case.

### Analysis of the case

We shall base this analysis around two quotations. The first is from Lacan, and bears on the nature of the psychoanalytic case-study:

It is remarkable that up to now nobody has stressed that the case of Dora is set out by Freud in the form of a series of dialectical reversals. This is not a mere contrivance for presenting material whose emergence Freud clearly states here is left to the will of the patient. What is involved is a scansion of structures in which truth is transmuted for the subject, affecting not only her comprehension of things, but her very position as subject of which her "objects" are a function. This means that the conception of the case history is *identical* to the progress of the subject, that is, to the reality of the treatment.<sup>13</sup>

The second is from Moustapha Safouan, and concerns the demands on the analyst in a case of hysteria:

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<sup>13</sup> J. Lacan. *Intervention on Transference* (1966) in Mitchell, J. and Rose, J. (ed) *Feminine Sexuality*. London, Macmillan, 1982.

... it is impossible to analyze a case of hysteria without knowing *what we are doing*. Besides, it is a known fact, but one that we cover with a prudish silence, that some of our colleagues are incontestably competent with all kinds of analyses, but when it comes to displacing a hysterical structure by one inch, for them there is no way: they do not know.<sup>14</sup>

The significance of this case is that it is both diagnosed as a case of hysteria and accepted by the analyst that the precipitating trauma is related to circumstances surrounding incestuous brother/sister seduction. On first reading the case study it appears to be a very confused report. However, on closer examination this confusion resolves itself into a dichotomy between the theoretical shell of the report and the case outline making up its kernel. This latter conforms quite closely to Lacan's remarks on the proper organising principles of a case history. Where there are divergences, they illustrate points of significant conceptual moment.

The status of the theoretical shell is unclear to the point of incongruity. Its two central themes find little or no resonance in the case which purportedly illustrates them. The first of these themes, drawn from Freud's *Introductory Lectures* is:

... that seduction, whether real or fantasised, acquired its traumatic significance not at the moment of original occurrence, but as a result of a flood of unpleasurable stimulation, precipitated at a later date by a memory which has the force of physical reality. It is this memory that floods the individual with excessive stimuli which cannot be mastered and/or integrated, i.e. causes the experience of trauma.<sup>15</sup>

The second theme, referenced to the work of a number of authors on abusive seduction, is that the traumatic element which is made the core of repetition enactment:

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<sup>14</sup> M. Safouan. *In Praise of Hysteria*. in Schneiderman, S. (ed) *Returning to Freud*. London, Yale University Press, 1980.

<sup>15</sup> op cit. p. 499.

... Was not the seduction ... but the loss of pleasure when the sexual behaviour ended: that it was the termination of gratification that was pathogenic.<sup>16</sup>

There is no evidence in the case outline of any fertile moment of hysterical trauma subsequent to the childhood seduction period. Furthermore, there is evidence in the report of a continuity of erotic pleasure in the life of the client, Mrs A. It is the gap between the pleasure obtained and the satisfaction sought which is evidenced as the source of an endless complaint.

The client is referred to this woman analyst by an internist, based on a series of psychosomatic problems. However:

It was particularly striking that, although Mrs A had been referred for somatic complaints, she scarcely mentioned them. She seemed, in fact, almost indifferent to them. She did, however, definitely feel that it was 'time for more treatment'.<sup>17</sup>

The acceptance by the analyst of this direction of the client's discourse, rather than a collusive direction of the client, based on an acceptance of the referring symptomology, is clearly the precondition for what Lacan calls a "first development", carrying the treatment "straight onto the plane where truth asserts itself". It is equivalent to Freud not colluding with the social lie sustaining Dora's entourage.

While this point might appear so basic as to be self-evident, it is worth emphasising in light of the moral and social panic surrounding the question of sexual abuse of children.

In this instance the client gives us the order in which things are to be taken. Throughout the first year the analyst receives a litany of complaints concerning the client's sister, her mother, her husband, her brother, her father and work colleagues. This "very aggressive person" who seemed to experience life as a succession of dramas, problems and

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<sup>16</sup> *ibid* p. 501.

<sup>17</sup> *ibid* p. 502.

occasional dangers effects a transference which the analyst perceives as reflecting:

a kind of unrelatedness in the midst of personally dramatic events. The analyst was cast as the onlooker, in some ways, a secret admirer, but not as a participant. That is, the analyst represented an object who was unrelated, admiring, voyeuristic and receptive.<sup>18</sup>

This transference begins to change, becoming more positive during the second year, presaging a change in the tenor of the discourse. The analyst believes that it is dominated by the object image of the care-taking older sister, a view which she subsequently, perhaps incorrectly, comes to view as an incorrect judgment. The client avows that she has to "give in to the treatment" if she were to get better, which means telling the truth, although it might be painful. However, what develops over a number of sessions is a teasing refusal of disclosure, followed by the appearance of some conversion symptoms.

It is here that we see the first dialectical reversal. The analyst refrains from directing the patient, despite the invitation and incitement to do so. While this moment is treated with apparent equanimity by the analyst, it is in fact a point at which the analysis might have broken down. There was a hint of a termination of the treatment as the *jouissance* at play in the analytic encounter shifted from a teasing excitement to anxiety-filled conversion symptoms. In fact, with four previous therapists, termination seemed to have occurred within this time-frame.

However, as the analyst held firm to her role there eventually emerged a second development of truth. This consisted of the story of the childhood seduction:

From the age of 6 until approximately the age of 9, P, her brother ten years her senior, had come regularly into her bed at night, and, by the light of a flashlight held under the raised bedclothes, examined her body, kissed her, and - turning her on her side - pressed his penis against her

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<sup>18</sup> *ibid* p. 503.

buttocks moving back and forth and often 'wetting the bed'. He would then leave her room and she would fall asleep. She remembered being frightened at first, but it was their game and, she explained plaintively, she was very lonely after all.

Eventually it emerged that the little girl had come to enjoy these games, although she knew they were 'wrong'. She never dreamed of telling on her brother and could not at first locate just what the sin might be that she would be required to confess, should she be committing a sin. Later, she knew she was 'committing an impure act', which was how she specified it in the confessional, and she *did* sincerely mean not to let it happen again, but ...<sup>19</sup>

This brother left home at 19 to go into the army, and later married. Thirteen years later, the client married her brother-in-law, this brother's wife's brother. She had a son, but divorced seven years later. She felt that the brother's "wife always spoiled things" between the client and her brother, and that her husband was an inferior person. After the divorce she turned to the brother for financial support, which was provided, but never adequately, she felt.

Shortly after the revelation concerning the seduction, the client began to express ambivalence in relation to the analysis and demands on the analyst. The demands were for more active direction of the treatment and for a lowering of the fee. This introduced the second dialectical reversal, a period in which the analyst is again hailed to intervene, to occupy the position of masterful Other. In this period, debauching upon the third development of truth, the fantasy begins to be elaborated:

To the seduction ritual, she added the salient recollection that often after the midday meal she would first go to the bathroom to defecate, then lie down next to her father on his bed as he napped. She thought she must have been about 8 or 9, 'but it went on a long time'. She recalled 'the scratchy feeling' of his chest. On several occasions she only pretended

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<sup>19</sup> *ibid* p. 504.

to sleep, and thought she remembered seeing her brother take money from her father's bureau. These may well have been condensed memories, or the memory of fantasies based on her brother's boasts. In fact, it was unclear, and never clarified, whether these were repressed memories that yielded to the analysis, preconscious material, or associations that had been consciously withheld until this time. Unfortunately, here, too, the exact context of the associations is not available.<sup>20</sup>

Also, conversion symptoms become associated with the analytic setting:

At this time, too, she developed 'itchy places' on her skin. Although she did not describe exactly where, she did want to scratch herself, sometimes doing so while on the couch: on her upper arms, face and thighs, complaining all the while that the fabric covering the couch was 'scratchy'. It became clear that the childhood experiences with both father and brother were being repeated in the context of the analysis, and that her rashes represented a wish to 'scratch' - to repeat 'the scratchy feelings'.<sup>21</sup>

The client now began to speak seriously of leaving the treatment, reported feeling increasingly anxious, and that her symptoms were being made worse by reporting them. The analyst responded by eliciting her fantasies of foreign travel, were the analysis to be terminated. However, this did not alleviate her anxiety or her symptoms. At this point in the treatment, the analyst became convinced that the client badly wanted to find her brother again, and that more than hatred existed in relation to him. Upon interpretation to this effect, the response was a sharp negation:

Never! He should just send her enough money. He had enough! Why, he had practically stolen it from her! Especially now, when she was gaining weight and was so tense. As a matter of fact, she still felt worse and worse: sometimes she felt she would 'jump out of her skin'. What

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<sup>20</sup> *ibid* p. 505-6.

<sup>21</sup> *ibid*

was I doing to her anyhow? The one person she did *not* want to see, who *could not help her*, would be P, although (and this finally emerged with passion), as a matter of fact, maybe I ran a close second. She really did have to leave the treatment. She simply couldn't stand it anymore.<sup>22</sup>

What emerged with this denegation was a mixture of dismay, symptom and anxiety. This culminated in a thought that getting into a specific trouble was the only thing that would help:

She had thought of going to a stable and 'borrowing' one of the private horses that was high spirited and dangerous. She would gallop and maybe fall and be helpless. In an elaboration of this fantasy, she said an ambulance would be called and a doctor would have to operate on her broken back - but then she could feel calm again.<sup>23</sup>

Here the refusal of a master discourse on the part of the analyst leading to the interpretation, situating the client in an active engagement in her own story, not only culminates the dialectical reversal, but effects what Lacan in his paper on "The Direction of the Treatment" from his *Ecrits* calls a rectification of the subject's relationship to the Real.<sup>24</sup> It is noticeable that this process occurs at the point of the first dialectical reversal in the Dora case, as Lacan interprets it, and indeed, in his paper noted above he associates the rectification process with the beginning of analysis.

In this regard, another remark of Lacan's from this paper is highly pertinent. It is to the effect that analysis has a beginning, a middle and an end, but not necessarily in that order. With this remark as a guideline we may now regard the vicissitudes of the case under consideration, prior to this point, as belonging to the midphase of analysis. Here a division of the transference into different registers may offer clarification. In his "Rome report" Lacan credits the existence of the institution of analysis to the fact that in our culture people come to doctors, experts, to be cured.

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<sup>22</sup> *ibid* p. 507.

<sup>23</sup> *ibid* p. 507.

<sup>24</sup> J. Lacan. *Ecrits: a Selection* (1966). trans. A. Sheridan. London, Tavistock, 1977.

Thus, insofar as the analyst occupies the culturally-accepted role, in the form of an ego ideal, a symbolic transference will allow the ameliorative effect of what Lacan in Seminar V, on *The Formations of the Unconscious*, called a colouring by the object on the discourse of the analysand.<sup>25</sup>

However, insofar as this discourse approaches the realm of the repressed, the mechanisms of resistance come into play. During the 1950's, Lacan emphasised that all resistance is on the side of the analyst. However, in Seminar Eleven, he introduces a clarification in relation to this position. It is based on the analogy of a wax resist outlining a shape through non-absorption of a dye, in relation to surrounding absorbent cloth. Thus at the points of stagnation in analysis associated with imaginary transference, there is a necessary duplicity in the identifications, which might be called ideal egoic, with which the analyst is hailed or lured into conforming. It is only insofar as analysts fail to extricate themselves from the role assigned to them in these moments of stasis in analysis that it can be said that resistance is on the side of the analyst.

Insofar as the resistance of the analyst is operative at these significant moments in analysis, the likely outcomes are either termination, more common in the case of hysterics, or stasis, more usual in the case of obsessionals.

We are now in a position to characterise the phases of the analysis under consideration, prior to the culminating moment of the second dialectical reversal, as motivated by the interaction of symbolic and imaginary transference. It is only in this fertile moment that real transference comes into play, in interpretable form. Prior to this, the elements of the real which intrude into the analysand's life are not sufficiently drawn into *analytic reality*, i.e., *the reality of transference*, such as to be open to interpretation. With this interpretation, something of the

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<sup>25</sup> J. Lacan. *The Formations of the Unconscious Seminar V* 1973. trans. C. Gallagher, Dublin, St. Vincent's School of Psychotherapy, unpublished.



beginning of analysis is realised, which may be considered to retroactively solidify the ameliorative effects of the previous dynamic, as subject to the full register of transference.

Furthermore, something of the end phase of analysis is also touched upon in this fertile moment, in the scratchy *jouissance* associated with the couch. However, without the elaboration of the fantasy this cannot be activated. It is in fact the elaboration of the fantasy which occupies the third development of truth.

The experience of the second dialectical reversal reconciled the client to remaining with analysis for a time. In repeating the fantasy of borrowing a horse, falling on her back and being impaired, she added the idea of seeing the bright lights of the operating room glowing:

Associations led to anal references and to memories of having loved to ride in latency and adolescence, around the time of her brother leaving home. When riding, she had the fantasy that she was actually being observed, her long hair streaming behind her, admired and longed for. Of course, she said, there was always Lady Godiva, but 'she did it for a cause, and I was certainly not naked'. In the riding and its attendant fantasies, Mrs A repeated the stimulation, both anal and genital, the exhibitionism and the danger. Eventually, she remembered the good feeling of genital stimulation, and that the danger increased the pleasure. To seek danger was to seek pleasure, excitement, the relief of discharge. Then she recalled the oft-repeated fantasy that she was a medieval maiden being carried off by an unknown knight to be raped and then made mistress of his castle. But then, in her story, her old lover, her true love, would make war on the knight, lay siege to the stronghold, triumph and claim her for his own. In this process, she would be injured, and bedridden, would struggle with mourning for her seducer and loving gratitude to her rescuer. The fantasy was poignantly satisfying to her, even in the retelling, though she had not thought of it for years. All this

then became specific masturbation fantasies, which did, indeed, temporarily satisfy her.<sup>26</sup>

This is the end of the case report, with the conclusion again associating the potential breaks in the analysis with the putative traumatic effect of the break or ending of the childhood seduction; and analysis seen as a reparative reenactment of the childhood dynamic. Our conclusions are quite other than this, drawing on the evidence of the fantasy to guide us. Firstly, we should distinguish two aspects of the fantasy. On the one hand, its emergence from and binding into the patterns of Mrs A's life. In the phase of the second development of truth, we see the client in a childhood liaison with her brother and with her father. Where the mother should be placed in relation to this, I am not sure. Later we see the quadrille of the client's brother and his wife, her brother and the client. This is reminiscent of the quadrille of Dora and Herr K., Frau K., and Dora's father. In both cases it is clear that the social bond which the hysteric sustains is a signifying enactment of the fantasy.

In both Dora's case, and in the case of Lucy R. from *Studies on Hysteria*, the signifier acts so as to successfully drain *jouissance* from the hysteric's environment, beyond contributing a romantic but impotent glow to the social intercourse. In the present case, it is quite different. The side of the fantasy which allows access to enjoyment, to an engagement with the object of *jouissance*, is not eliminated in the social enactment of the fantasy.

The client enjoys good sex with her husband, with a married man with whom she has a liaison. Indeed she enjoyed the early seduction and enjoys her masturbatory fantasies. Yet she also suffers from conversion symptoms, and from a disorder in her life which is quite clearly a 'too much' of the object. The disorder in her personal appearance, the disorder in the organisation of her life, the transitory kleptomania and the continual demands on her family, especially in relation to money, are all

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<sup>26</sup> op. cit. p. 508

indicative of the intrusion of the anal object. The rashes and itches to which she is subject indicate a 'too much' of the phallic object.

In these two sides of the fantasy, the signifying side and the other side, which determines the relationship to the object of enjoyment, we have an analytic tool which permits us to approach the question of material versus psychic seductive reality. We may pose an hypothesis. Insofar as the fantasy is not forced, then we are faced with a pathology of the signifier, in the case of neurosis. Keeping all one's potency within the domain of the signifier is a definition of sexual impotence, or incapacity. Insofar as the fantasy is forced then we are faced with the panoply of forms of disorderly intrusion of the object. The forcing of the fantasy, and in origin the fantasy is the consequence of a forcing, is always traumatic, whether this forcing is premature or part of normal socio-sexual maturation. Our task is to map the consequences of these forcings in the symptomology. The logical sequence of such a mapping is from the signifier to the object, from the symbolic to the real, by way of the imaginary of the fantasy.

In the case under consideration, we must look to the fantasy to distinguish the capacity of the client to extract pleasurable enjoyment out of the object, from those encounters with the object which are 'too much'. In the formation of the fantasy out of the masturbatory reveries of adolescence, we may distinguish two formative strands. The sexual enjoyment which the client derives from horse-riding is a fantasy covering the traumatic image of her mother horse-riding while pregnant with the client, in an endeavour to produce an abortion. The falling from the horse, the broken back and the doctor mending the break is an overdetermined image, involving revenge against the mother, an imaginary resolution of castration anxiety and reparation for phallic enjoyment. This latter, the phallic enjoyment, stems from the second formative element in the fantasy, the identification with the seductive brother. It was as an active agent that the client derived enjoyment from the adolescent fantasies. The broken back indicates the division of the

client between active and passive roles, those of *erastes* and *eromenos*, lover and beloved. The operation which provides a repair, a suturing of this division, in the full elaboration of the fantasy, is not a unification, a rendering whole, but a complete separation of the two roles. The mourning for the unknown seductive knight at the end of the fantasy betokens an identification. It is as phallicly potent that she figures in the first part of the complete fantasy. It is, therefore, on the side of the man that she figures in the first part, and as a woman in the second part. However, we should not take this trajectory at face value. We should perhaps read it in the light of Joan Riviere's paper "Womanliness as Masquerade", where a phallic triumph by a woman is followed by a recuperative, protective, abasive return to a feminine role, a ruse to avoid phallic revenge.<sup>27</sup>

Here we can return to the question of enjoyment. We may hypothesise that it is through identification with her partner that the client enjoys coitus, but that there is a supplementary enjoyment, a supplementary *jouissance*, which is too much, which disturbs her life with symptomatic insistence.

Here the case study ends, at this point where the demands of the analysand have at least opened out onto the question of her desire. It is at this point that Freud's analysis of Dora falters, that he ceases to know what he is doing as an analyst. The evidence of the overall structure of this case study, of the dichotomy between theory and case material, combined with some slight indications from the case material itself, lead to the hypothesis that here also this analysis reached an impasse.

We can name this impasse, both from the side of the analyst and from that of the analysand. With respect to the former, as above, it is that the analyst ceases to know what he/she is doing as analyst directing the treatment. From the side of the analysand it is the dichotomy between material and psychic reality. With Dora, and with the present client, it is

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<sup>27</sup> J. Riviere. *Womanliness as Masquerade*. International Journal of Psychoanalysis, Vol 10, 1929.

from the side of the man that they engage with phallic enjoyment. Their dilemma is that they are subject to a supplementary enjoyment, a supplementary *jouissance*, which their place within the fantasy cannot cover. This supplement is derived from the trauma of a material reality, or more properly, from a material cause, which manifests itself in the material reality of 'anatomy as destiny'. It is this division of the sexes which is experienced structurally as the 'rock of castration'; as the demand, within the Oedipal drama, to take either the side of the man or the side of the woman. Even if there is something more than this Oedipal drama, at least on the side of the woman, the 'rock of castration' is a universal experience. Any subsequent traumatic derangement, seduction, abuse, whatever, must be ranged within the field induced by this primal deranging of the human subject, of this primary, traumatic 'material reality'.

The question emergent from this originary experience is the hysterical question, in so far as it is embodied in the fantasy. As the offspring of hysteria, psychoanalysis remains in thrall to the limit imposed by the hysterical act, to its interminable termination of the analytic experience, in so far as it fails to give it voice.

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